DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. 132619NZ

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR COINCIDENCE IMAGING DIGITAL TRIGGERING**, the specification of which:

(check one)	is attache was filed and was a			as Applicatio	n Serial No.			•	
I hereby state that the claims, as am	at I have reviewed a ended by any amen	and understand dment referred	the corto above	ntents of the above.	e identified s	peci	fication,	, in	cluding
I acknowledge thaccordance with	ne duty to disclose Fitle 37, Code of Fe	e information wederal Regulation	hich is	s material to the 56.	examination	of 1	this app	lica	ation in
application(s) for application which have also identifi	reign priority benef patent or inventor's designated at least ed below, by checks s), or any PCT inter claimed:	s or plant breede one country otling the box, any	er's rigi her than foreig	hts certificate(s), on the United States on application for r	r 365(a) of an s of America, patent, invent	ny P liste or's e	CT intered below	v, a bre	nd eder's
COUNTRY	APPLICATION	DATE OF FIL	-	PRIORITY CLA	IMED	CERTIFIED COPY			
NUMBER		(day, month, y	ear)			ATTACHED			
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natter of each of nanner provided nformation as de national or PCT in	ication designating the claims of this ap by the first paragraph fined in 37 CFR §1 ternational filing d	oplication is not ph of 35 U.S.C. .56 which occur	disclos §112, red bet	sed in the prior Ur I acknowledge the ween the filing da	ited States ap	plic ose 1	ation in	the	•
U.S. PARENT APPLICATION OR PCT PARENT NUMBER		1	PARENT FILING DATE (day, month, year)		STATUS (patent and number, pending, abandoned)				
hereby claim the	benefit under 35 U	J.S.C. §119(e) o		Inited States provi		ition	ı(s) liste	d b	elow.

Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. 132619NZ

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Michael A. Della Penna (Reg. No. 45,697), Peter Vogel (Reg. No. 41,363), Carl B. Horton (Reg. No. 34,622), and Kevin Conroy (Reg. No. 38,113), all of GE Medical Systems, 3000 North Grandview Blvd., W-710, Waukesha, WI 53188; Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski (Reg. No. 26,621), and Scott R. Hayden (Reg. No. 41,821), of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431; John S. Beulick (Reg. No. 33,338), Patrick W. Rasche (Reg. No. 37,916), Dean D. Small (Reg. No. 34,730), Robert B. Reeser III (Reg. No. 45,548), Thomas M. Fisher (Reg. No. 47,564), Bruce T. Atkins (Reg. No. 43,476), Daniel M. Fitzgerald (Reg. No. 38,880), Michael Tersillo (Reg. No. 42,180), William J. Zychlewicz (Reg. No. 51,366); Michael G. Harms (Reg. No. 51,780), Rozell Williams, Jr., (Reg. No. 44,403), Evan R. Sotiriou (Reg. No. 46,247), and Alan L. Cassel (Reg. No. 35,842), all of Armstrong Teasdale LLP, One Metropolitan Square, St. Louis, MO 63102.

Send Correspondence to: Dean D. Small Armstrong Teasdale LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102 Direct Telephone Calls To:

Dean D. Small 314-621-5070

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:		
Full Name: PHILLIP VERNON		
Signature:	Date:	
Residence:		
Citizenship:		
Post Office Address:		